

BENEFICIARY CHANGE FORM



Loyal Christian Benefit Association
 A Fraternal Benefit Society
 PO Box 13005 • Erie, PA 16514-1305
 800.234.5222 • www.lcbalife.org

Certificate(s)			
Insured Name		Phone Number	
Owner Name <i>(if other than Insured)</i>		Email Address	

Please complete all fields for each beneficiary. If Share % is not indicated, benefits will be paid equally to all beneficiaries by class. Please use a separate sheet of paper if more than 2 beneficiaries are indicated in either class.

Funeral HomeAllows you to elect that a portion of the proceeds, up to the amount of your funeral will be paid directly to the funeral home. Any remaining proceeds will be paid to your Primary Beneficiary.

BENEFICIARY CLASSES:

Primary Beneficiary.....The person that will receive the proceeds from your certificate(s) in the event of your death.

Contingent BeneficiaryThe person that will receive the proceeds from your certificate(s) in the event that your primary beneficiary has died prior to your death.

In the event that all of your Primary and Contingent Beneficiary(ies) have pre-deceased you, all proceeds will be paid according to the Association’s Bylaws.

FUNERAL HOME (Optional)

share	Funeral Home Name
Up to the Cost of the Funeral	Address (Street, City, State, Zip Code)

PRIMARY (Total shares must equal 100%)

share _____%	Full Name (last, first, middle initial)	SS#	Date of Birth
	Address (Street, Apartment Number, City, State, Zip Code)	Phone	Relationship
share _____%	Full Name (last, first, middle initial)	SS#	Date of Birth
	Address (Street, Apartment Number, City, State, Zip Code)	Phone	Relationship

CONTINGENT (Total shares must equal 100%)

share _____%	Full Name (last, first, middle initial)	SS#	Date of Birth
	Address (Street, Apartment Number, City, State, Zip Code)	Phone	Relationship
share _____%	Full Name (last, first, middle initial)	SS#	Date of Birth
	Address (Street, Apartment Number, City, State, Zip Code)	Phone	Relationship

_____ Date _____ Spouse Signature* _____ Date

*In community property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI), a spouse’s signature is required in addition to the owner’s signature if you are naming someone other than the spouse as Primary Beneficiary.